



***let's talk CAN***

*my community made the difference!*

then | now | tomorrow



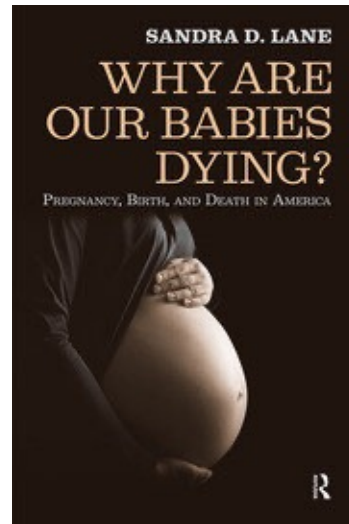




*too many. too small. too soon*



low birth weight, premature birth, and infant death are a part of life patterns resulting from systemic discrimination increasing risk over a lifetime and, in some cases, reaching the next generation.



**America was  
looking for answers  
to infant mortality**





**1989**  
President George H. W. Bush creates the interagency White House Task Force to Reduce Infant Mortality. Healthy Start is one of 18 proposals submitted to the White House Task Force.

**1994**  
7 sites are added to the Phase I Healthy Start Initiative as “special projects” and funded by the March of Dimes, bringing the total of demonstration projects to 22.

**1998**  
The National Healthy Start Association (NHSA) is established by several project directors from the original 15 Healthy Start sites. The membership organization focuses on advocacy and its efforts led to Healthy Start’s first federal Authorization.

**2001-2005**  
New Healthy Start Funding Cycle. Healthy Start expands its scope beyond providing comprehensive health services, to focus on supporting child development from conception to age 2 years, screening for maternal depression, promoting father involvement, and uplifting consumer voices.

**2013**  
SACIM issues recommendations and a framework for a national strategy to reduce infant mortality. This reaffirms the need for continued federal investment in Healthy Start and similar programs (e.g., Title V MCH Services Block Grant; MIECHV Program; WIC, etc.).

**2009-2014**  
New Healthy Start Funding Cycle. There are now 105 Healthy Start sites located in 39 states, Puerto Rico, and the District of Columbia.

**2019-2024**  
New Healthy Start Funding Cycle. The 101 funded projects represent rural, urban, tribal, and border communities in 37 states, the District of Columbia, and Puerto Rico. Healthy Start refines its programmatic approaches to focus on: improving women’s health; improving family health and wellness; promoting systems change; assuring impact and effectiveness through workforce development, data collection, quality improvement, performance monitoring, and evaluation.

**2016**  
Healthy Start celebrates its 25th anniversary.

**1991**  
The Secretary’s Advisory Committee on Infant Mortality (SACIM, now called the Advisory Committee on Infant and Maternal Mortality or ACIMM) is formed. ACIMM advises the Secretary on Department of Health and Human Services’ (HHS) programs that are directed at reducing infant and maternal mortality and improving the health status of pregnant women and infants.

**1997**  
As part of the Replication Phase of Healthy Start, additional sites are added to reproduce the model of the original 15 programs by conducting outreach, case management, and health education.

**2000**  
Healthy Start is authorized by Congress as part of the Children’s Health Act.

**2008**  
Healthy Start Reauthorization Act is enacted.

**2005-2009**  
New Healthy Start Funding Cycle

**2014-2019**  
New Healthy Start Funding Cycle. Healthy Start establishes five programmatic approaches: improve women’s health; promote quality services; strengthen family care; achieve College and Career Ready; increase accountability through quality improvement and performance monitoring.

**2020**  
Healthy Start Reauthorization Act is enacted.

**2021**  
Healthy Start celebrates its 30th anniversary.

**1991**  
HHS’s Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) launches the Healthy Start program as a presidential initiative. Healthy Start is located in MCHB’s Division of Healthy Start and Perinatal Systems (DHSPS) and aims to reduce infant mortality by 50% in 5 years. 15 sites with infant mortality rates 1.5 to 2.5 times the national average are selected as demonstration projects. The sites are funded to be innovative, community-based, community-driven projects tasked with reducing infant mortality and improving the health and well-being of women, infants, and their families. A hallmark of Healthy Start, which continues today, is the requirement of a community consortia (now called Community Action Network) where community voices are lifted.

**1997-2001**  
New Healthy Start Funding Cycle





*the clearing of whole  
neighborhoods  
during urban  
renewal*

*brought unintended consequences*

*dilapidated rental housing  
abandoned houses*

**the unemployment  
collapse of  
industry**

*crack epidemic &  
illicit drug use  
racially biased arrest and  
sentencing underpin the  
epidemic of African  
American/Latino male  
incarceration.*



*"101 anchor stories"*

**inadequate education**

*empty lots provide the  
conditions for lead  
poisoning*

*the 80s*

*supermarkets fled  
the inner cities*

*the 70s*

*the 60s*

*corner stores sell cigarettes,  
malt liquor, lottery tickets,  
and drug paraphernalia in  
place of healthy food*



# Telling the Story

The Healthy Start Initiative

*"A Community-Driven Approach to Infant Mortality Reduction"*

- Problem
  - Who's going to address
  - How we are going to do it
  - What we want to do
  - Belief
  - Strategy
- 1991-1996
  - 1997-2001
  - 2001-2005
  - 2005-2009
  - 2009-2014
  - 2014 – 2019
  - 2019-2024



Dr. Thurma McCann, MD, MPH  
First Director, Division of Healthy Start  
Maternal and Child Health Bureau



# A Little History

Historically, Healthy Start programs have been built on the principles **rooted** in their designation as “**community-based**” and “**community-driven**” approaches to reducing infant mortality.

*This strong foundation creates an opportunity to address issues beyond infant mortality to include addressing social determinants of health, equity, maternal mortality and fatherhood.*

As a federal requirement and now “**unique**” **trademark of federal HS programs**, each project should have as a foundation, a CAN (**community consortium**) that is comprised of consumers, providers and a vast array of community partners who work together to **create a culture** of collaboration and involvement that ensures the success of the Healthy Start project.

Propelled by its resulting collective impact; a strong, well-informed CAN (community consortium) is yielded, **which is one of the hallmarks of a successful HS project.**





# Understanding federal Consortium

- Healthy Start Programs are community based and community driven.
- Each Project is required to have a community consortium that is comprised of consumers, providers and a vast array of community partners.
- Working together to create a culture of collaboration and involvement.
- Strong, well-informed and involved consumer and consortium is the hallmark of a successful project.
- Understand the role of consumers / consortia in Healthy Start.
- Identify community assets and resources.
- Work with the community and consortia to engage them in becoming full partners
- Improving birth outcomes and reducing disparities.
- Complex community resources needed to meet all of the needs of the Healthy Start client.
- Important for sustainability of the Healthy Start Project.
- Using it as a base to build and add other resources to assist the Healthy Start client.



# *Consortium Worth in application*

- 25% of funding decision score
- HS focuses on the power of collaboration on the problem of infant mortality
- Well-organized communities can have benefits in reducing maternal and infant mortality and morbidity rates
- Increasing public's understanding of the problem
- Strengthening public commitment to deal realistically with problem
- Using existing resources more efficiently and effectively
- Mobilizing additional resources



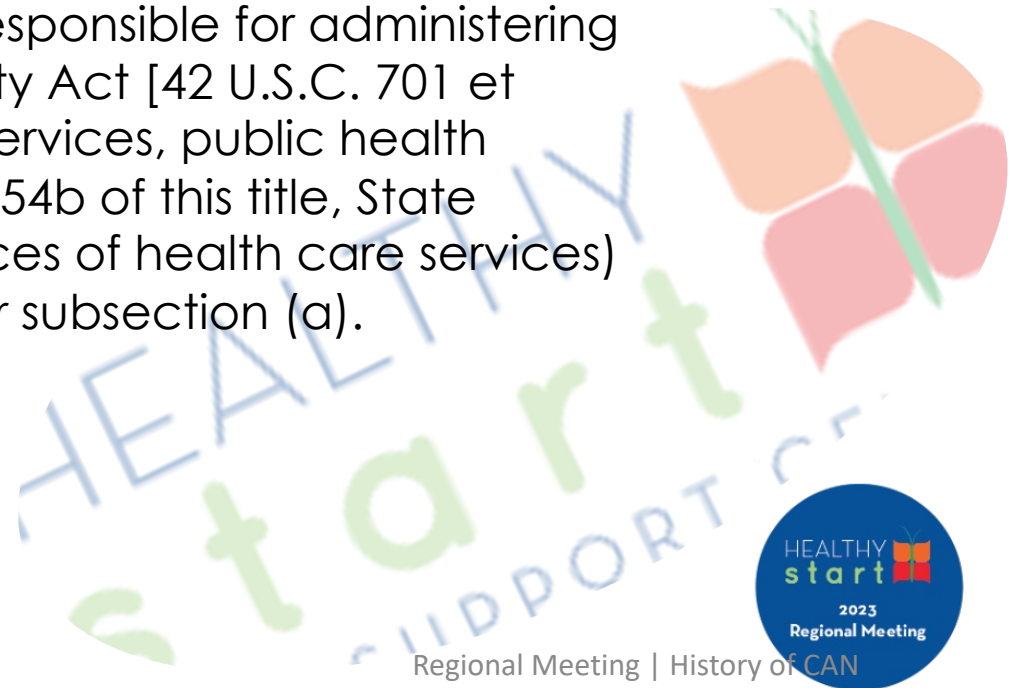


*it's in the HS language*

H.R.4801 — 116th Congress (2019-2020)

### Requirements

In making grants under subsection (a), the Secretary shall require that applicants (in addition to meeting all eligibility criteria established by the Secretary) establish, for project areas under such subsection, **community-based consortia of individuals and organizations** (including agencies responsible for administering block grant programs under title V of the Social Security Act [42 U.S.C. 701 et seq.], participants and former participants of project services, public health departments, hospitals, health centers under section 254b of this title, State substance abuse agencies, and other significant sources of health care services) that are appropriate for participation in projects under subsection (a).



Baltimore City Healthy Start  
Birmingham Healthy Start  
Boston Healthy Start Initiative  
Chicago Healthy Start  
Cleveland Healthy Family/Healthy Start  
**Dallas Healthy Start**  
**Delta Futures (Mississippi)**  
Detroit Healthy Start  
District of Columbia Healthy Start Project  
**Essex County Healthy Start (New Jersey)**  
**Florida Panhandle Healthy Start**  
Great Expectations Healthy Start (New Orleans)  
Healthy Start/New York City  
Allegheny County/Pittsburgh Healthy Start  
**Milwaukee Healthy Women and Infants Project**  
Northern Plains Healthy Start (North and South Dakota, Iowa, and Nebraska)  
Northwest Indiana Healthy Start  
Oakland Healthy Start  
Pee Dee Healthy Start (South Carolina)  
Philadelphia Healthy Start  
**Richmond Healthy Start Initiative**  
**Savannah Healthy Start**

## *original sites*

The Florida Panhandle Healthy Start Project (FPHS) was a randomized controlled study of at-risk pregnant women in six: poverty-stricken, rural north Florida counties. The project improved birth outcomes among the study's participants, as well as among the entire project -area population.

*FPHS is one of seven special projects funded during the later part of phase I (1994). These projects were funded for special purposes, in contrast to the broader scope of the 15 original projects funded in 1991. The purpose of FPHS was to compare nurse and paraprofessional home visiting.*





A close-up portrait of a young child with dark, curly hair and large, expressive eyes. The child is looking directly at the camera with a slight smile. The background is a soft, out-of-focus white.

*what was true*

## **The Challenge of Healthy Start's Demonstration Phase**

From the beginning, in serving high-risk, vulnerable communities

Healthy Start projects have sought to accommodate both the challenge of working with multiple organizations and the complexity of dealing with multilevel policy and service delivery environments.



“At the heart of the Initiative is the **belief** that the community, guided by a consortium of individuals and organizations from many sectors, can best design and implement the services needed by the women, children and families (men/fathers) in that community”

*AVOID the spirit of “business as usual”*

*Government encourages community flexibility and ownership as codified in the HS guidance*





*it's like throwing a good party!*



Regional Meeting | History of CAN



*getting the right person!*



Regional Meeting | History of CAN



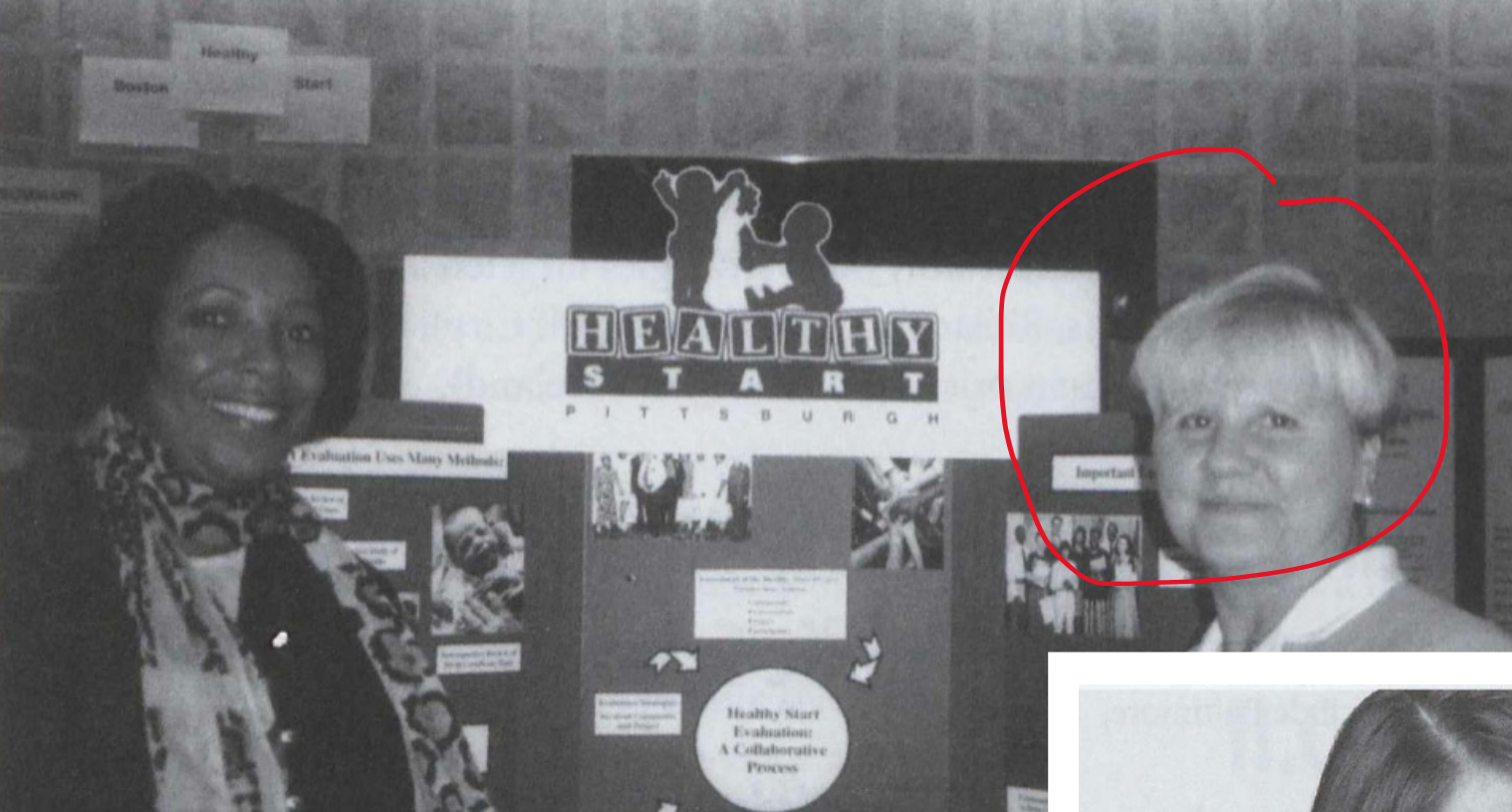
# the hallmark of a successful Healthy Start project

a strong, well-informed and involved  
Consortium



Regional Meeting | History of CAN







# Elements

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CREATING A CULTURE OF COLLABORATION  
AND INVOLVEMENT



IDENTIFY COMMUNITY ASSETS AND  
RESOURCES AND THE WORK NEEDED TO  
ENGAGE THE COMMUNITY



IDENTIFY PARTNERS NEEDED IN THE WORK  
OF IMPROVING BIRTH OUTCOMES AND  
ELIMINATING DISPARITIES AND INEQUITIES



# Why Community Engagement?

Value	Value community voice – Democracy/Equity
Gain	Gain insights in program design and policy priority
Build	Build partnership and support
Translate	Translate information back to broader community



[illegible]

- 
- HEALTHY  
start  
2023  
Regional Meeting

## *Why is Community Engagement Important?*

- ❑ Processes have historically excluded and marginalized low-income communities and communities of color
- ❑ Knowledge and perspective of low-income communities and communities of color is vital to turning visions for revitalization into reality
- ❑ Lack of engagement in the process also sometimes resulted in opposition to results that didn't reflect community needs



# Healthy Start TA & Support Center Community Engagement Learning Academy



Danette McLaurin Glass  
Strategic Partnerships and Infrastructure Development Consultants  
First TEAM America, LLC



Sessions	Topics
Session One- February 2023	<b>Overview of Community Engagement</b> Part 1: The Defining Moment Part 2: The Landscape Part 3: Opportunities for Impact Part 4: Connecting the Dots
Session Two- April 2023 (March 2023 / NHSA Annual Conference)	<b>Tools and Strategies for Community Engagement</b> Part 1: Session One Review Part 2: Various Methods of Community Engagement Part 3: Your Agency’s Goal for Community Engagement Part 4: Developing a Community Engagement Plan
Session Three- April 2023	<b>Community Engagement Best Practices In Action</b> Part 1: Session Two Review Part 2: Best Practices Information Exchange Part 3: Healthy Start Best Practices
Session Four – May 2023	<b>Implementing and Managing a Community Engagement Plan</b> Part 1: Session Three Review Part 2: Modifying the Plan Part 3: Implementing and Managing the Plan
Session Five – June 2023	<b>Community Engagement Plan Presentations and Closing Celebration!</b>

# COURSE OUTLINE AND SYLLABUS

# Session Three April 26<sup>th</sup>

- ❑ Part One
  - Session Two Review
- ❑ Part Two
  - Information Exchange: Community Engagement Best Practices
- ❑ Part Three
  - Healthy Start CANs Best Practices to Promote Systems Change
- ❑ Part Four
  - Plan Development: Clarify Goals, Simplify Process, Modify Plan

*sessions one and two are available at [www.healthystartepic.com](http://www.healthystartepic.com)*



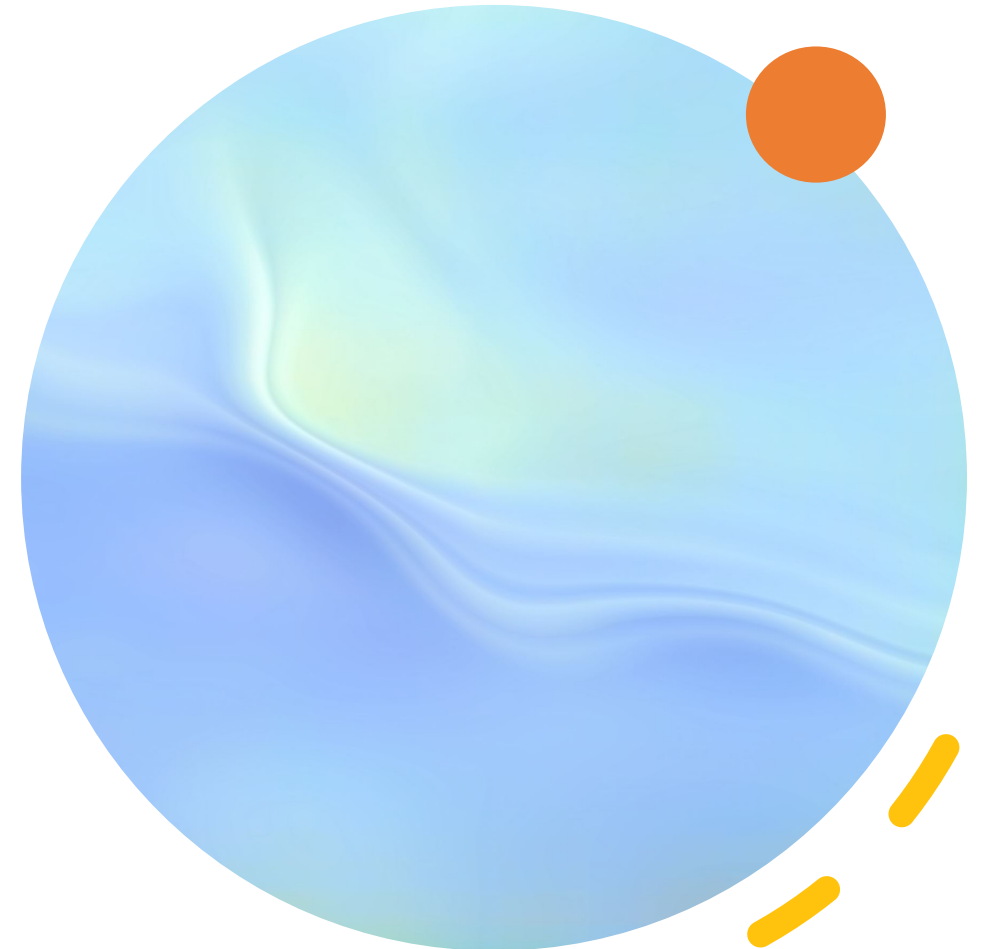


# Principles for Community Engagement

- Empower residents through meaningful inclusion and partnership
- Build capacity for high level engagement
- Prioritize community knowledge and concerns
- Target resources to support ongoing engagement
- Facilitate mechanisms that encourage mutual learning and feedback mechanisms

# Community Engagement Principles

Build	Build trusting and accountable relationships with community leadership and residents
Develop	Develop a shared vision for community change
Build	Build partnerships with diverse sectors
Develop and sustain	Develop and sustain community capacity
Translate	Translate community vision into policy and environmental change



# Community Engagement Strategies



Empowering  
participants



Tapping into  
networks



Partnering with  
community leaders



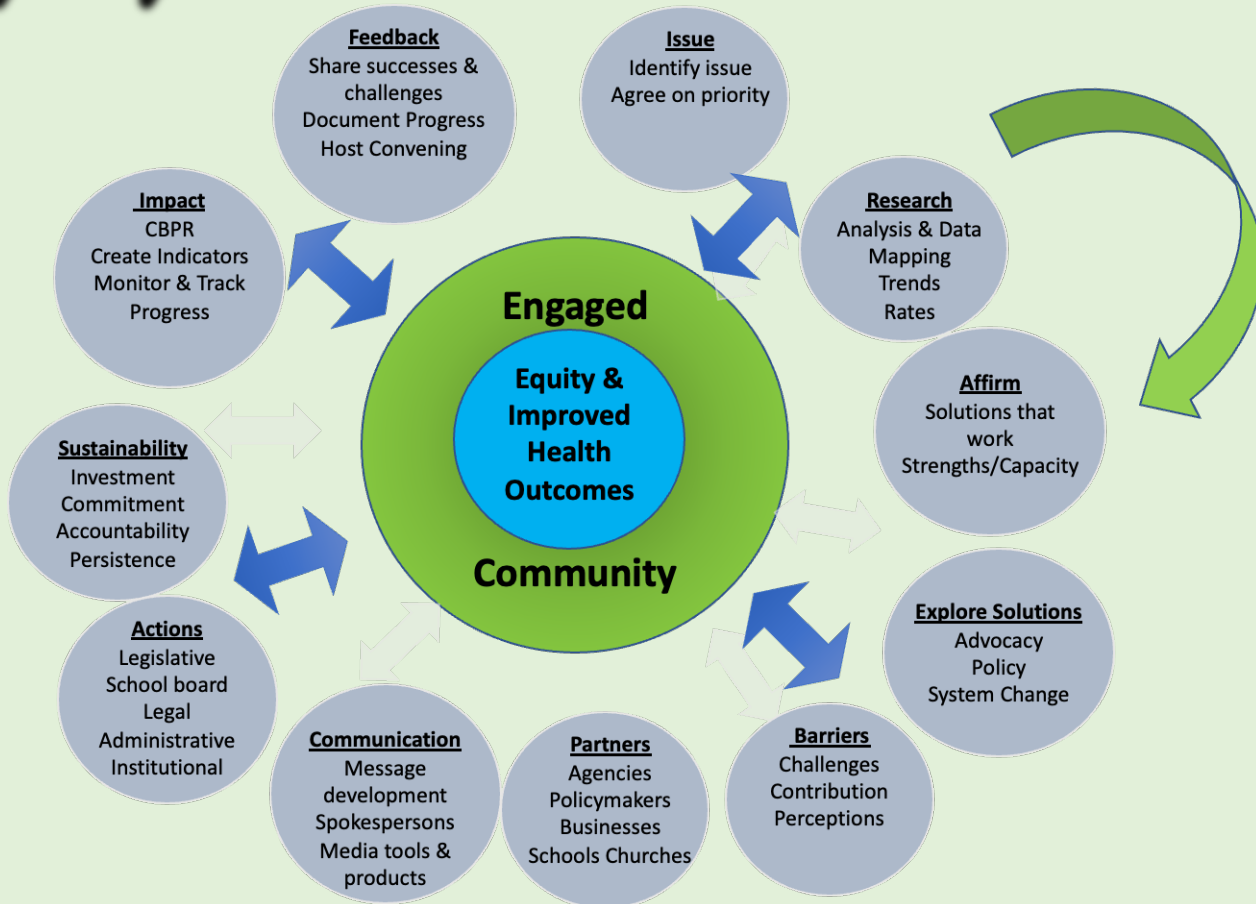
Nurturing new  
partnerships



# community engagement context



Strengthening Community  
through Substantive Engagement  
- Mildred Thompson, PolicyLink  
Center for Health and Place

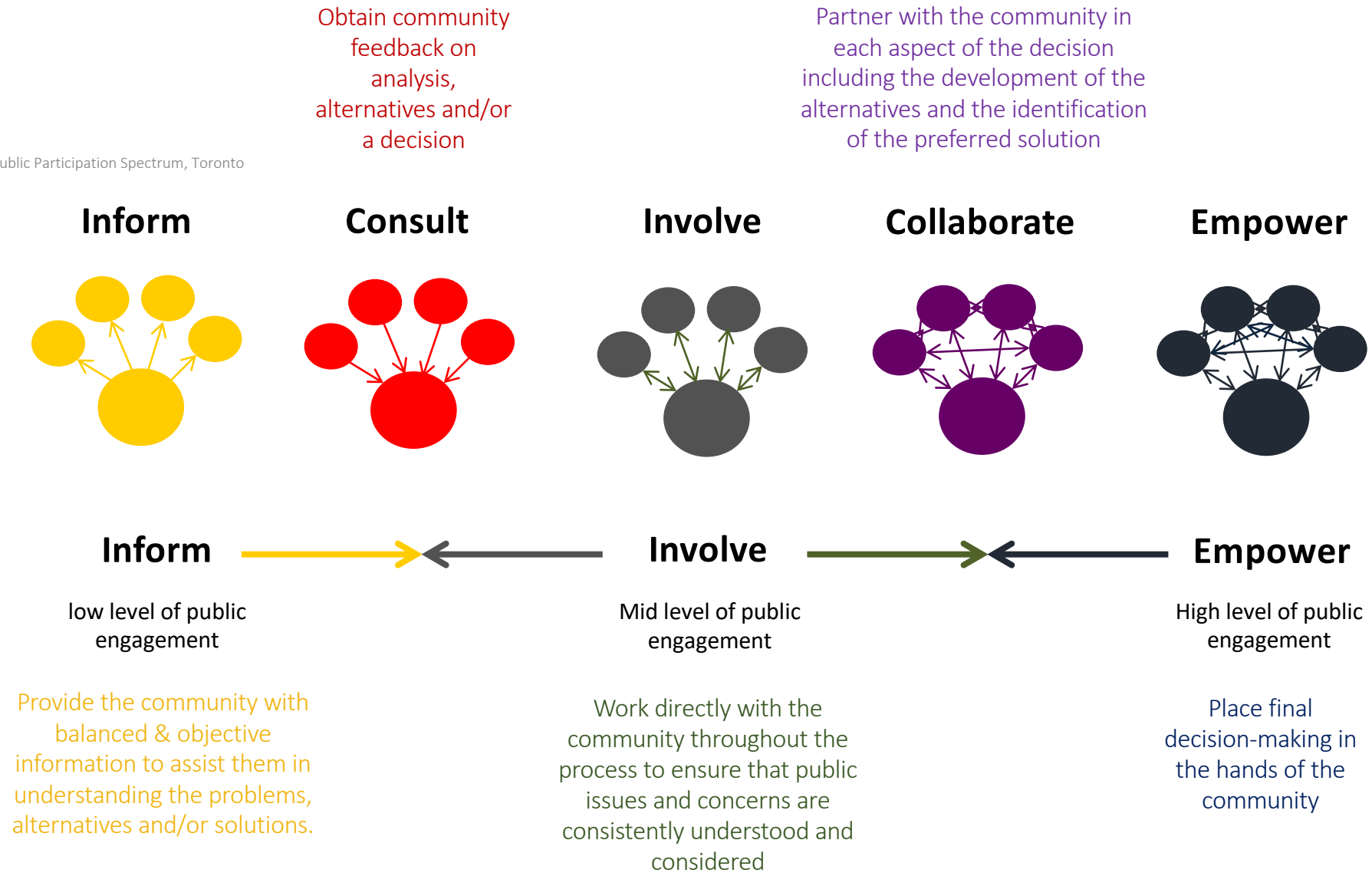


# Towards More Equitable Public Engagement Processes

- **Inclusive:** What communities and interests need to be represented and in what capacity?
- **Accessible:** Will people and organizations from a diversity of backgrounds feel comfortable and engaged?
- **Transparent:** How does public engagement interact and influence decision-making?



Adapted from IAP2's Public Participation Spectrum, Toronto



Adapted with Permission from Tapestry, Community Engagement (CE), Kenn L. Harris







Bang the Table is a global digital public engagement company.

Decision-Making



Matthew Crozier, CEO,  
Bang the Table

Relationship  
Development

Capacity  
Building

# Healthy Start Community Consortium Membership

- Program participants
  - Local / State Title V
  - Federally funded (330) & other clinics
  - Local health care providers, hospitals, medical & nursing schools
  - Social Service Agencies
  - Medicaid
- Local schools
  - Civic & community based organizations
  - Local businesses / Chamber of Commerce
  - Church / Religious organizations
  - Job Training Programs
  - Head Start
  - Early Intervention Services





A  
Consortium  
is an  
advisory  
body that is  
expected  
to:

- ☐ Recommend policy for and contribute to the development of the application;
- ☐ Contribute to, review, and recommend approval of the organizational approach for assuring local determination and integration;
- ☐ Provide advice regarding program direction;
- ☐ Participate in discussions related to allocation and management of project resources;
- ☐ Be aware of program management and activities such as data collection, monitoring and evaluation, public education, and assuring continuity of care; and
- ☐ Share responsibility for the identification and maximization of resources and community ownership to sustain project services beyond the project period.

IMR  
1 1/2 X  
national rate

101 HS  
Communities

urban, rural, tribal, border

CAN

PARTNERSHIPS

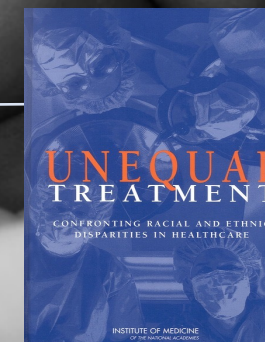
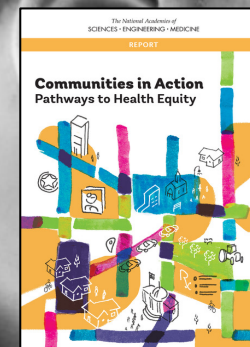
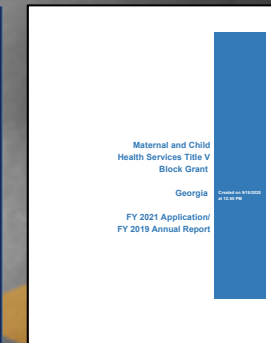
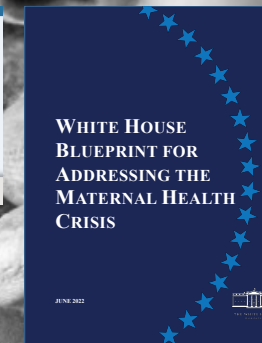
Community  
Action Network

Collective Impact

30+ years  
1991-2024

"Eliminating  
Racial & Ethnic  
Disparities in  
Birth Outcomes"

"A Community-based,  
Community-Driven Approach to  
Infant Mortality Reduction"



Health Inequities Persist Because of Structural Racism

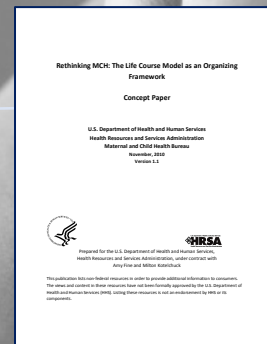
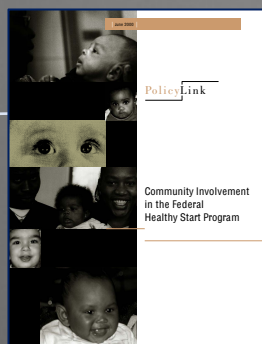
Health Disparities Arise from Structural Racism

Are a Result of Policy Decisions

Social Determinants of Health

thanks. dr. monica!

1991



2022

NICHQ  
National Institute for  
Children's Health Quality

HEALTHY  
start  
TA & SUPPORT CENTER

# community

Community exists when people who are interdependent struggle with the traditions that bind them and the interests that separate them so that they can realize a future that is an improvement on the present.

C.M. Moore. A Working Paper on Community. The National Conference on Peacemaking and Conflict Resolution. Fairfax, VA: George Mason University, 1991.





# Five Critical Factors Shape the Development of Consortium

1. Climate
2. People
3. Resources
4. Processes
5. Policies

Highly supportive

Non-supportive



# Community-Driven Development

**Rooted in community**

Information sharing



*Participatory planning*

*Community Participation*

Guiding Principles **Empowerment**

Mobilizing Assets **Strategic**

*ABCD-Sustaining Community*

Target: Community-driven – leadership, direction

*Target: Community-based organizations*

# value of engagement

“The children and families who participate in our education and human services systems are essential for its reinvention. They are indispensable partners with educators, human service professionals, business leaders, civic and religious leaders, leaders of community-based organizations, and other citizens in creating the pro-family system”

*Melaville Blank, and Asayesh in Together We Can: A Guide for Crafting a Profamily System of Education and Human Services*

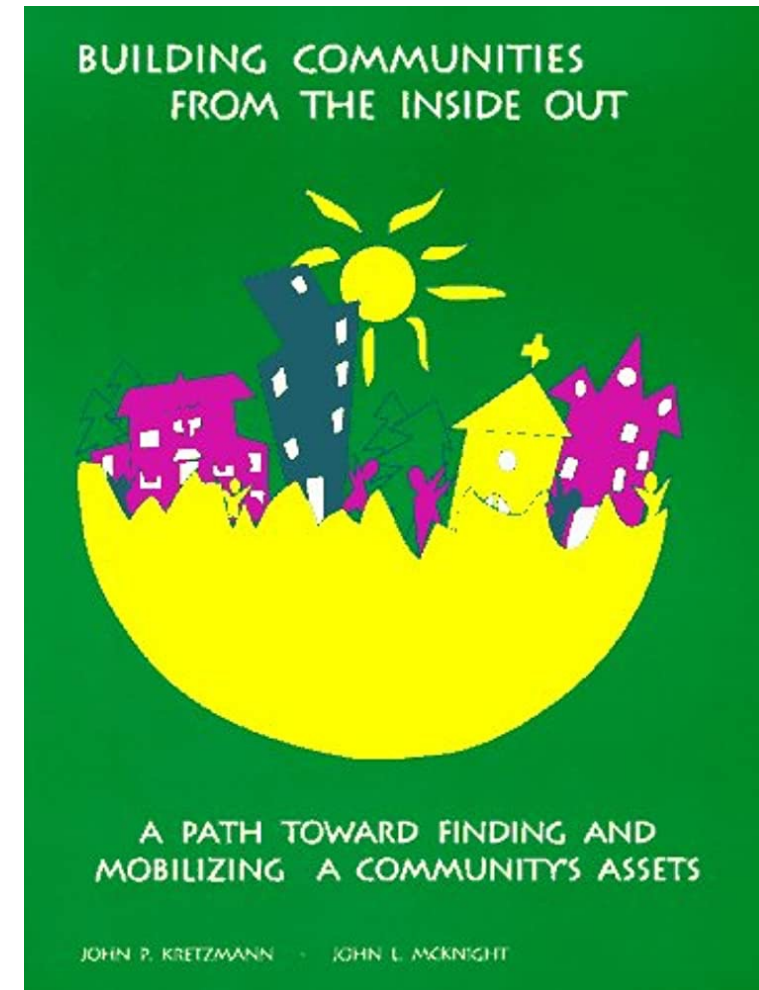




# community

## Asset-Based Community Development

1. It focuses on community assets and strengths rather than problems and needs
2. It identifies and mobilizes individual and community assets, skills and passions
3. It is **community driven** – ‘building communities from the inside out’
4. It is **relationship driven**. and focuses on community assets and strengths



Kretzmann, J. P., & McKnight, J. L. (1993). Building communities from the inside out: a path toward finding and mobilizing a community's assets. Evanston, Ill.: Center for Urban Affairs and Policy Research, Northwestern University. Introduction available from <http://www.abcdinstitute.org/publications/basicmanual/>







What do you think your  
challenge are when engaging  
consumers, participants, and  
community members?



# *Before starting . . .*

- **Be clear about the purposes and goals** of engagement for the population
- **Be knowledgeable** about the community's economic conditions, political structures, norms and values, demographic trends, history, experience with engagement efforts; learn about community's perceptions





*for engagement to happen. it is necessary to . . .*

- Go into community, **establish relationships, build trust**, work with formal and informal leadership, seek commitment from organizations and leaders to create processes for mobilization
  - **Accept and respect community's self determination** as a responsibility and right of all within community



*for engagement to succeed . . .*



- **Partnering with the community** is necessary to create transformation and improvements
- **Respect community diversity.** Awareness of cultures and other factors of diversity should be part of design and implementation
- Engagement can only be sustained by **identifying and mobilizing assets** and developing capacities and resources
- Organizations have to **be prepared to release control** of actions, interventions and be flexible
- **Community collaboration requires long-term commitment**





## Achieve Collective Impact:

- ❑ Two areas of collective impact-related activity are
  1. develop a CAN and
  2. contribute to collective impact
- ❑ Increase the proportion of HS grantees with a fully implemented CAN to 100%.
- ❑ Increase the proportion of HS grantees with at least 25% HS participant membership on their CAN membership to 100%.

The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may help to achieve collective impact, the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.

1. The extent to which the proposed plan describes sustainable and/or replicable activities in the areas of: improving women's health, promoting quality services, and strengthening family resilience.
2. The extent to which the community action plan proposes to work with other programs and activities serving the MCH population to drive community change and collective impact, as appropriate to the proposed level.
3. The extent to which the applicant demonstrates understanding of the concept of collective impact and describes roles in achieving collective impact, including carrying out or supporting the functions of a backbone organizations.
4. The extent to which the applicant proposes to sustain the project through new or existing sources and/or to acquire additional resources.

## Achieve Collective Impact

### a. Develop common agenda

- i. Describe how the grantee will identify collaborative partners to develop a common agenda with shared outcomes.
- ii. Provide details on how the grantee will revise, update, and monitor activities included in the common agenda.

### b. Contribute to shared measurement system

- i. Collect community-level data for selected HS perinatal outcome measures.
- ii. Describe how the grantee will contribute to collection of community-wide data and measurement targets.

### c. Conduct mutually reinforcing activities

- i. Provide the data system infrastructure required for collective impact community-wide efforts.
- ii. Convene and lead the process for determining shared measures for collective impact.
- iii. Collect, analyze, and report on data that supports indicator measures of collective impact.

### d. Provide continuous communication

- i. Describe how the grantee will convene and facilitate a collaborative partnership required to fulfill the goals and objectives of HS.
- ii. Describe how the grantee will engage partners who can contribute to shared outcomes.

### e. Support backbone organization

- i. Describe how the grantee will serve as the backbone organization providing leadership and structure for collective impact, including overall strategic direction, dedicated staff, coordination of communication and outreach, data collection and analysis, and mobilization of funding and other resources.
- ii. Provide details on past performance that demonstrate capacity to serve as a backbone organization for achieving collective impact. Level 2 programs must serve no less than 800 program participants per year. At least 50% of program participants should be pregnant women. Program participants must be case managed and the program must be able to collect data on all program participants.





# What is Collective Impact?

*"A disciplined, cross-sector approach to solving complex social and environmental issues on a large scale."*

- FSG: Social Impact Consultants





**Collective Impact**  
By John Kania & Mark Kramer

Stanford Social Innovation Review  
Winter 2011

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All Rights Reserved

*Stanford Social Innovation Review*  
Email: [info@ssireview.org](mailto:info@ssireview.org), [www.ssireview.org](http://www.ssireview.org)

## There Are Several Types of Problems

*what type of  
problem are you  
addressing?*

### Simple

**Baking a Cake**



### Complicated

**Sending a Rocket  
to the Moon**



### Complex

**Raising a Child**



**Social sector treats problems as simple or complicated**

## Simple

### Making Soup



Right “**recipe**” essential  
Gives same results  
every time

*known*

## Complicated

### Sending a Rocket to the Moon



“**Formulae**” needed  
Experience built over  
time and can be **repeated**  
with success

*knowable*

## Complex

### Raising a Child



No “right” recipes or  
protocols. Outside  
factors influence  
**Experience** helps, but  
doesn't guarantee  
success

*unknown*

*Expertise can help but is not sufficient; relationships are key*





# The Five Conditions of Collective Impact

## Common Agenda

All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions

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## Shared Measurement

**Collecting data and measuring results consistently** across all participants ensures efforts remain aligned and participants hold each other accountable

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## Mutually Reinforcing Activities

Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action

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## Continuous Communication

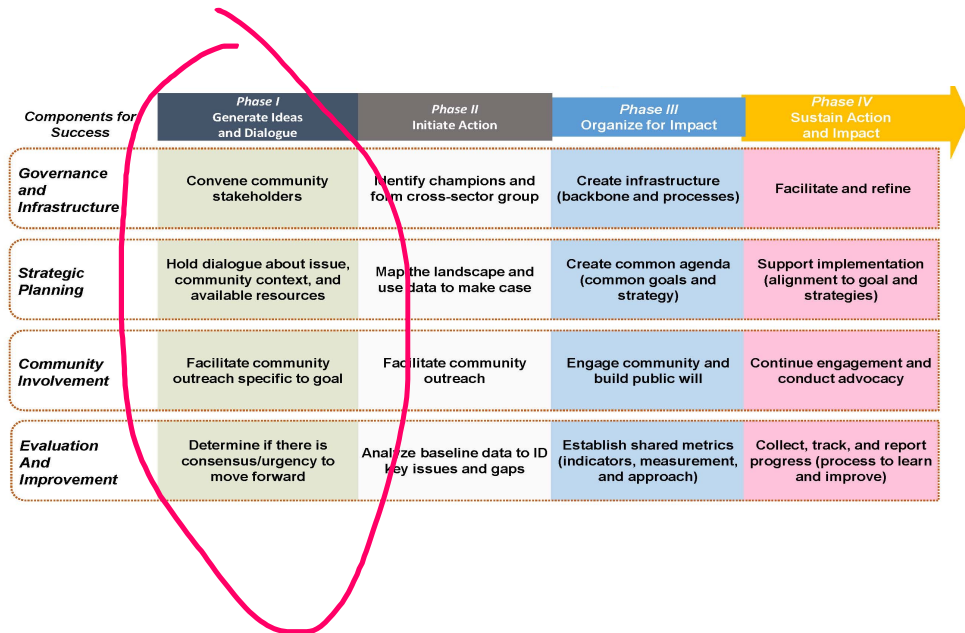
**Consistent and open communication** is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation

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## Backbone Support

Creating and managing collective impact requires a dedicated staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

# Phases of Collective Impact

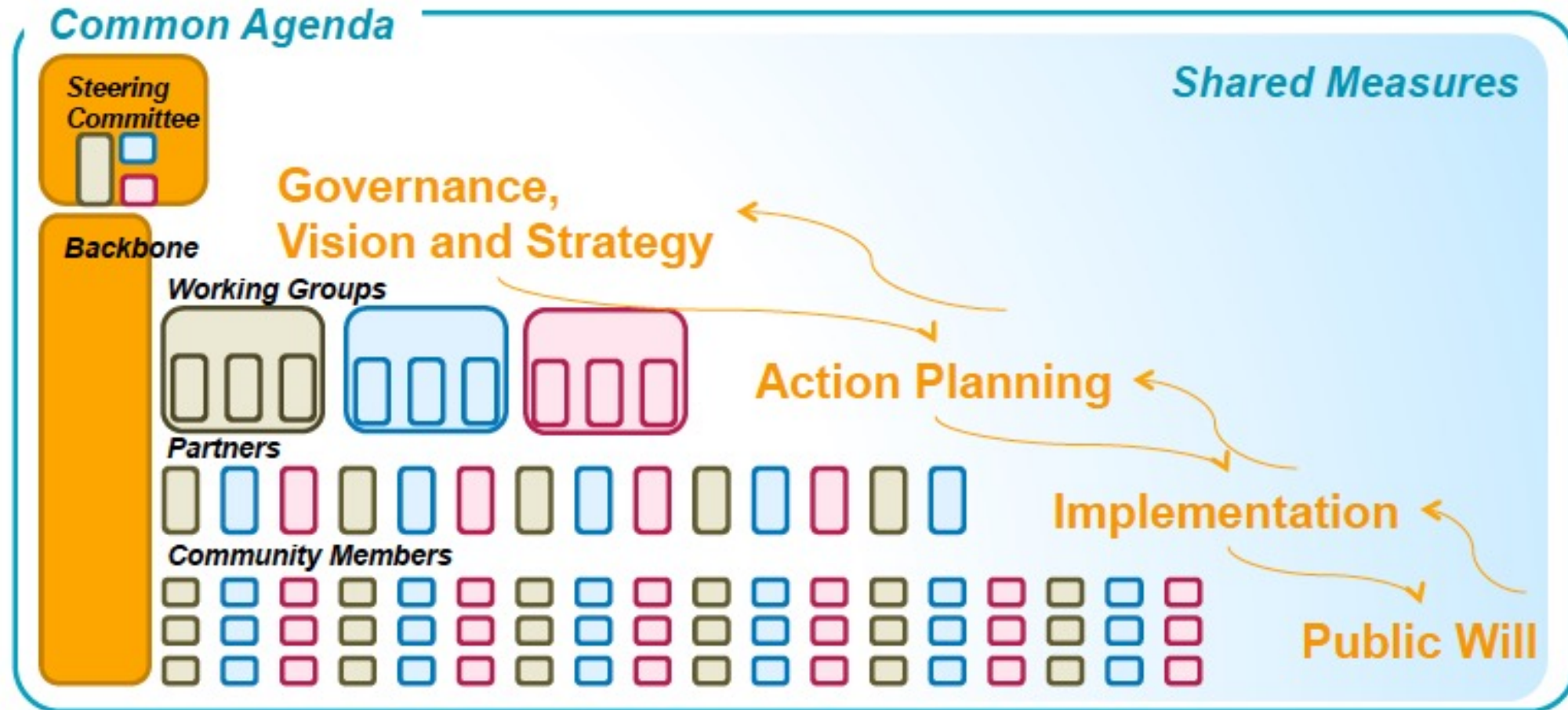


Evolution of a Collective Impact Initiative FSG.ORG

## Collective Impact Efforts Tend to Develop Over Three Key Phases

Components for Success	Phase I Initiate Action	Phase II Organize for Impact	Phase III Sustain Action and Impact
<b>Governance &amp; Infrastructure</b>	Develop group; structure communication and decision making	Create infrastructure/ backbone and processes	Facilitate and refine
<b>Strategic Planning</b>	Map the landscape and use data to make case	Create common agenda (common goals, strategy)	Support implementation; alignment to goal/ strategies
<b>Community Involvement</b>	Facilitate community outreach	Engage community, build public will	Continue engagement, conduct advocacy
<b>Evaluation &amp; Improvement</b>	Analyze baseline data to ID key issues and gaps	Establish shared metrics, indicators, measurement approach	Collect/track/report progress; process to learn and improve

## Collective Impact Is Best Structured with Cascading Levels of Collaboration





# Shared Measurement Is a Critical Piece of Pursuing a Collective Impact Approach

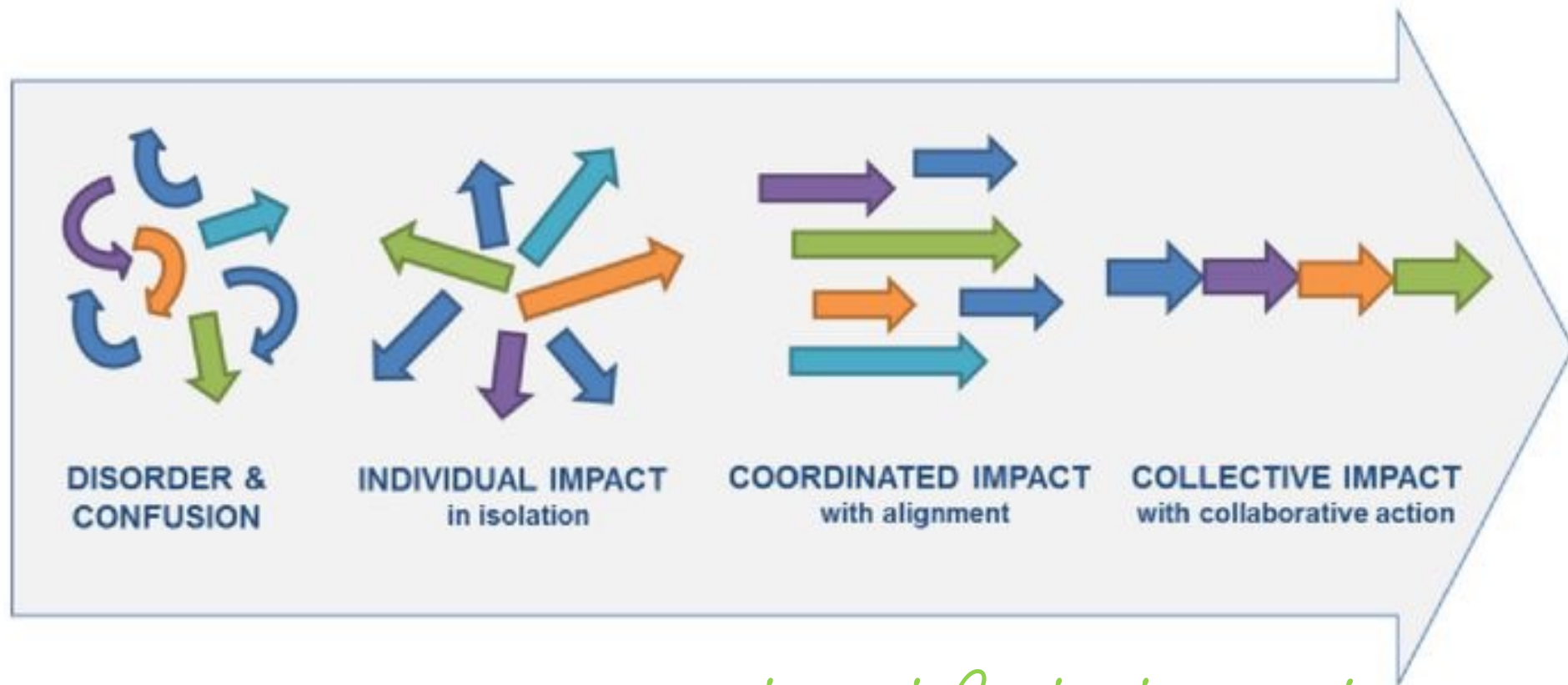
## Definition

Identifying common metrics for tracking progress toward a common agenda across organizations, and providing scalable platforms to share data, discuss learnings, and improve strategy and action

## Benefits of Using Shared Measurement

- Improved Data Quality
- Tracking Progress Toward a Shared Goal
- Enabling Coordination and Collaboration
- Learning and Course Correction
- Catalyzing Action

# Collective Impact



*integrated strategies & approaches*

The five conditions of collective impact, implemented without attention to equity, are not enough to create lasting change.

[John Kania & Mark Kramer Oct. 6, 2015]

*CI - set it up so that you don't mess it up!*



Advancing economic and social equity through the idea of *“Lifting Up What Works!”*

Michael McAfee, Angela Glover Blackwell, and Judith Bell

“just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.”

*The Equity Imperative*  
[Angela Glover, Policy Link]







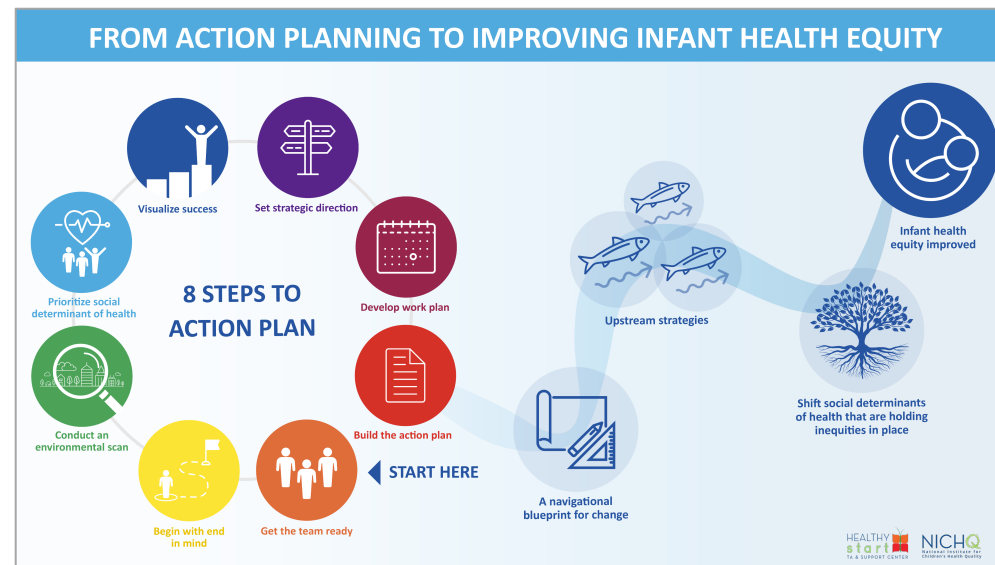
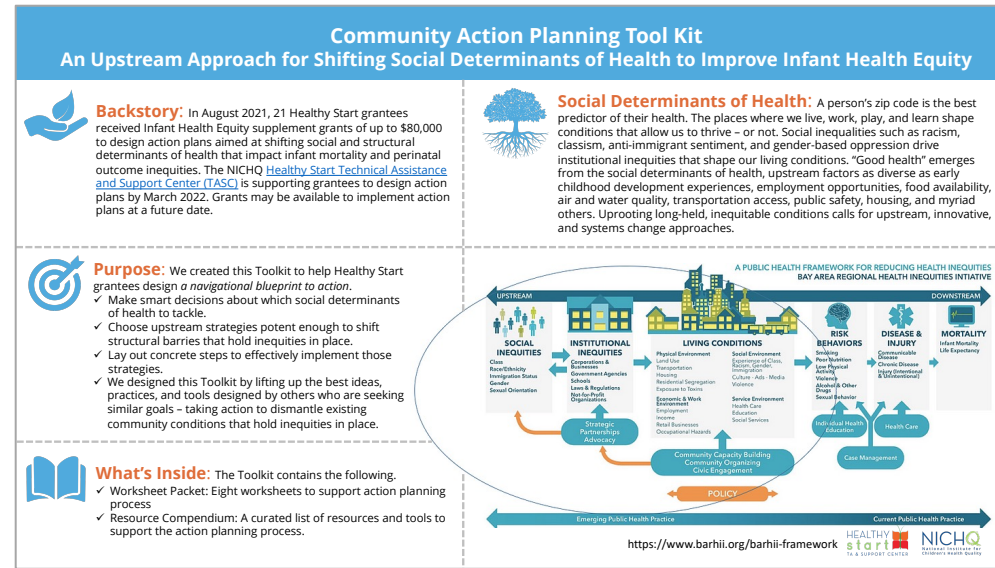
## 21 Infant Health Equity (IHE) Grantees Develop Community Action Plans

### Tools Toolkit



Dr. Michael D. Warren, Associate Administrator  
Maternal and Child Health Bureau (MCHB)

“because of the survival lag for AA/Al/Al, we need to accelerate efforts to achieve equity.”



## (9) IHE Catalyst Awardees

### Implement Community Action Plans

Healthy People 2030 has grouped social determinants of health (SDOH) into the five domains:

**Domain 1:** Economic Stability

**Domain 2:** Education Access and Quality

**Domain 3:** Health Care Access and Quality

**Domain 4:** Neighborhood and Built Environment

**Domain 5:** Social and Community Context

Grantees are expected to implement policy and systems strategies in their action plan from at least one of these domains, and focus on an objective(s) within that domain that can affect birth outcomes and contribute to reducing the IM disparity in the target county/jurisdiction.

# Other Resources

## Compendium of Resources

As of 11/30/21

A plethora of resources on action planning and social determinants of health exist. This compendium offers curated lists of resources and tools to support Healthy Start grantees design and implement action plans aimed at shifting social determinants of health to improve infant equity. This compendium is designed to be a living document, where Healthy Start grantees and the Technical Assistance and Support Center (TASC) add resources and tools throughout the action planning process.

Resource/Tool	Description	Page #
Resources and tools to support the action planning process		
Community Engagement	A short, curated list of toolkits for authentically engaging community members and those most impacted by an issue to co-design and implement action plans.	2
Group Decision-Making	A tool to help a group decide which decision-making processes to use when – consensus, voting, sub-group, or one person – and how to carry out those processes.	4
Learning Cards	A tool to help a group pause and reflect upon what they have learned in the action planning process before moving to the next step.	7
Upstream Strategies to Shift Social Determinants of Health	A short, curated list of documents that identify innovative and evidence-based strategies to shift conditions that are holding social determinants of health in place.	8
Understanding Social Determinants of Health	A short, curated list of videos and easy-to-read documents to understand social determinants of health, upstream solutions, and health equity.	10
Vision Statement	A tool to help a group draft a vision statement.	12
Resources and tools to support implementation of an action plan		
Adaptive Action Cycle	A tool to help group adapt action plans as conditions change.	14
Community Engagement	A short, curated list of toolkits for authentically engaging community members and those most impacted by an issue to co-design and implement action plans.	2
Milestone Tracking Journal	A tool to help groups track what conditions are shifting for the priority social determinant of health and the contribution of the Healthy Start project/CAN to those shifting conditions.	17

## Racism as a Root Cause Approach: A New Framework

Zea Malawa, MD, MPH,\* Jenna Gaarde, MPH,† Solaire Spellén, MPH\*

### abstract

The field of public health has identified racial health disparities as a chief concern for decades. Although there has been a myriad of published articles in which researchers describe the severity and complexity of these disparities, they persist into present day relatively unchanged. We believe this lack of progress can be explained, in part, by a failure to acknowledge that racism is at the root of these racial disparities. Many children's health advocates believe more should be done to address our country's systemic racial inequities, but few of us feel able to create meaningful change, and even fewer feel that it is our responsibility. As a result, many opt to pursue programmatic fixes and Band-Aid solutions over addressing the underlying systemic, interpersonal, and historical racism. We hope to empower children's health advocates by introducing a solutions-centered framework for addressing racism as a root cause. This approach can help guide and structure the important work of dismantling racism so Black, Indigenous, and other racially marginalized families can finally have an equal opportunity for good health.

### CHILDREN'S HEALTH ADVOCATES ARE OVERDUE IN ADDRESSING RACISM AS A ROOT CAUSE OF RACIAL HEALTH DISPARITIES

Racism in the United States is a deeply intractable problem. It negatively shapes all aspects of a person of color's world and literally steals years from their life.<sup>1</sup> For decades now, we as a society have worked to eliminate racism in our midst, and yet we have little to show for our efforts. Black and Indigenous families, children, and communities in the United States continue to be disproportionately incarcerated, systematically excluded from economic opportunity, and, in outcomes as diverse as preterm birth and coronavirus disease 2019 death, bear a disparate proportion of disease. Our society has started to recognize that historical and present-day racism, rather than biology, is a root cause of health disparities.<sup>2</sup> This understanding has evolved over the course of

centuries, yet our impact has been limited because we have failed to successfully develop interventions that address the core issue of racism.

In this article, we present the Racism as a Root Cause (RRC) approach as a new framework for developing strategies, policies, and mechanisms to address the root causes of health disparities. Addressing racism as a root cause is critical to advancing population health, yet it is still rare for systemic racism to be mentioned explicitly in academic journal articles today,<sup>3</sup> and in these publications, authors often fail to offer a pathway for repair. Recognizing that Black and Indigenous communities, as well as other communities experiencing racism, cannot bootstrap themselves out of centuries of injustice, we introduce the RRC approach to offer a clear and corrective framework for advocates seeking to dismantle long-standing inequities.

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Dr Malawa, Ms Gaarde, and Ms Spellén conceptualized and developed the idea for the manuscript, drafted the initial manuscript, and reviewed and revised the subsequent versions of the manuscript; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

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*camara jones*

5.16

<https://www.youtube.com/watch?v=to7YrI50iHI>

## What is Community Action?

In 1964, The Great Society, as envisioned by President Lyndon Johnson, was a sweeping plan to improve the lives of all Americans, regardless of their circumstances. Inspired by President Kennedy and his New Frontier, Johnson pledged to fulfill his promise of equal opportunity for all by enacting several comprehensive changes within the federal government. In August of that same year, the *Economic Opportunity Act* was signed into law by President Johnson creating the nationwide Community Action Network.

*Head Start*

*Job Corps*

*Work-Study program for university students*

*VISTA (Volunteers in Service to America)*

*Neighborhood Youth Corps*

*Basic education and adult job training*





In the United States and its territories, Community Action Agencies are local private and public non-profit organizations that carry out the **Community Action Program (CAPs)**, which was founded by the 1964 Economic Opportunity Act to fight poverty by empowering the poor as part of the War on Poverty

CAPS (Community Action Programs) - CAPS turned out to be the most controversial part of the package, as it proposed the "maximum feasible participation" by poor people themselves to determine what would help them the most. CAPS were a radical departure from how government had run most social reform programs in the past.

- CAAs are intended to promote self-sufficiency, and they depend heavily on volunteer work, especially from the low-income community.
  - The Community Services Block Grant (CSBG) is the agencies' core federal funding.
  - Agencies also operate a variety of grants that come from federal, state and local sources.
- These grants vary widely among agencies, although most CAAs operate Head Start programs, which focus on early child development.
- Other programs frequently administered by Community Action Agencies include Low-Income Home Energy Assistance (LIHEAP) utility grants and Weatherization Assistance Program (WAP) funded through the U.S. Department of Energy (DOE).



# The National Community Action Network Theory of Change

## Community Action Goals

**Goal 1:** Individuals and families with low incomes are stable and achieve economic security.

**Goal 2:** Communities where people with low incomes live are healthy and offer economic opportunity.

**Goal 3:** People with low incomes are engaged and active in building opportunities in communities.



## Services and Strategies

Employment



Education & Cognitive Development



Income, Infrastructure & Asset Building



Housing

Health/Social Behavioral Development



Civic Engagement & Community Involvement



## Core Principles

- Recognize the complexity of the issues of poverty
- Build local solutions specific to local needs
- Support family stability as a foundation for economic security
- Advocate for systemic change
- Pursue positive individual, family, and community level change
- Maximize involvement of people with low incomes
- Engage local community partners and citizens in solutions
- Leverage state, federal, and community resources

## Performance Management

How well does the network operate?

What difference does the network make?

- Local Organizational Standards
- State and Federal Accountability Measures
- Results Oriented Management and Accountability System

- Individual and Family National Performance Indicators
- Community National Performance Indicators

***A national network of over 1,000 high performing Community Action Agencies, State Associations, State offices, and Federal partners supported by the Community Services Block Grant (CSBG) to mobilize communities to fight poverty.***

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# [Your] Healthy Start CAN Theory of Change

## GOALS

### Goal 1:

Individuals and families with low incomes are stable and achieve economic security

### Goal 2:

Communities where people with low incomes live are healthy and offer economic security

### Goal 3:

People with low incomes are engaged and active in building opportunities in communities

## Services and Strategies

Health/Social

Employment/Education

Infant Mortality

Maternal Mortality

Housing

Equity/SDOH

Income/Asset Building

Civic & Community Engagement

### Core Principles

- Recognize the complexity of the issues of poverty
- Build local solutions specific to local needs
- Support family stability as a foundation for economic security
- Advocate for systemic change
- Pursue positive individual, family and community level change
- Maximize involvement of people with low incomes
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- Community National Performance Measures

Mobilizing communities to fight infant mortality

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# [Your] Healthy Start CAN Theory of Change

## GOALS

Goal 1:

Goal 2:

Goal 3:

## Services and Strategies

Health/Social

Employment/Education

Infant Mortality

Maternal Mortality

Housing

Equity/SDOH

Income/Asset Building

Civic & Community Engagement

### Core Principles

- Core principle 1
- Core principle 2
- Core principle 3
- Core principle 4
- Core principle 5
- Core principle 6
- Core principle 7
- Core principle 8
- Core principle 9

### Performance Management

How well does the network operate?



What difference does the network make?

- Answer 1
- Answer 2
- Answer 3
- Answer 4
- Answer 5

- Answer 1
- Answer 2
- Answer 3
- Answer 4
- Answer 5

Mobilizing communities to fight infant mortality

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*thank you!*

